PERMITTEE NAME/ADDRESS:

## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved OMB No. 2040-0004

NÄME:

ANCHORAGE, MUNICIPALITY OF

ADDRESS: 3000 ARCTIC BLVD

**ANCHORAGE** 

AK 99503-3898

DISCHARGE MONITORING REPORT (DMR) AK0022551 PERMIT NUMBER

001 A DISCHARGE NUMBER

MAJOR (SUBR 02) `F - FINAL

FACILITY:

ATTN:

JOHN M. ASPLUND WWTF----301 (H)

LOCATION: ANCHORAGE, AK 99502 MARK PREMO P E GEN MGR AWWU

MONITORING PERIOD 05 | 11 | 01 TO 05 | 11 | 30 FROM

\*\*\* NO DISCHARGE NOTE: Read instructions before completing this form.

ATTN. WARK PREIND P.E. GEN INGR. AVVVU											
PARAMETER		QUANTITY OR LOADING					NO.	FREQUENCY OF	SAMPLE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT	EX	ANALYSIS	TYPE
TEMPERATURE, WATER	SAMPLE MEASUREMENT	****	****	****	****	*****	13.8	(04)	N/A	FOUR/	GRAB
DEG. CENTIGRADE 00010 G 0 0	PERMIT						REPORT	(-,		WEEK FOUR/	
RAW SEW/INFLUENT	REQUIREMENT	******		****	*****	*****	MAXIMUM	DEG.C		WEEK	GRAB
TEMPERATURE, WATER	SAMPLE	*****		IME	*****	*****	13.7	(04)	N/A	FOUR/	GRAB
DEG. CENTIGRADE	MEASUREMENT			9 V L			·	(0-7)		WEEK	
00010 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	<del>kikiki</del>	EULLOEG I,	2005		*****	REPORT MAXIMUM	DEG.C		FOUR/ WEEK	GRAB
OXYGEN, DISSOLVED	SAMPLE	*****	_****	****		*****	*****		NI / A	FOUR/	0040
(DO)	MEASUREMENT		us.		2.6		*****	(19)	N/A	WEEK	GRAB
00300 1 0 0	PERMIT REQUIREMENT	*****	AMGE ?	NO ENFORCES	REPORT MO MIN	*****	*****	MO		FOUR/	GRAB
EFFLUENT GROSS VALUE BOD, 5-DAY	SAMPLE				research and the second			MG/L		WEEK: FOUR/	
(20 DEG. C)	MEASUREMENT	45649	*****	(26)	र्शन त्रीन त्रीन त्रीन त्रीन त्रीन	206	*****	(19)	N/A	WEEK 1)	COMP24
00310 G 0 0	PERMIT REQUIREMENT		ar garaga kankan 175 ketalahan	l		REPORT	*****			FOUR/	COMP
RAW SEW/INFLUENT BOD, 5-DAY	SAMPLE	MO AVG	******	LBS/DY	*****	MO AVG		MG/L		WEEK FOUR/	24
(20 DEG. C)	MEASUREMENT	****	34208	(26)	*****	******	151	(19)	0	WEEK 1)	COMP24
00310 W 0 0	PERMIT		90100			*****	300		0.000	FOUR/	COMP
EFFLUENT GROSS VALUE	REQUIREMENT	*****	DAILY MX	LBS/DY	******		DAILY MX	MG/L		WEEK	24
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	29750	32254	(26)	*****	135	142	(19)	0	FOUR/ WEEK 1)	COMP24
00310 1 0 0	PERMIT	72100	751(0)			240	250			FOUR/	COMP
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	WKLY AVG	LBS/DY	*****	MO AVG	WKLY AVG	MG/L		WEEK	24
PH	SAMPLE MEASUREMENT	****	*****	***	7.1	*****	7.8	(12)	N/A	FOUR/ WEEK	GRAB
00400 G 0 0	PERMIT					******	REPORT			FOUR	
RAW SEW/INFLUENT	REQUIREMENT		*****	***	MINIMUM		MAXIMUM	SU	Benjapa por	WEEK	GRAB
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER ICERTIFYUNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE PRINCIPAL EXECUTIVE OFFICER INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY MEDIATELY MEDI								TELEPH	ONE	DA	ATE.
J. Kris Warren  RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE.  ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING  Warren										Į	
Manager, Treatment D	3 U.S.C. §1319. (Penalties under 1	THE POSSIBILITY OF FINE AND these statutes may include fines up to		imum imprisonment of			(907)564-2799 05/12		2/08		
TYPED OR PRINTED		n 6 months and 5 years.)				OFFICER OR AUTHO		AREA CODE N			MO DAY 1/1/96. Rev. 1/05, Bf
11	AIM T A H H W T IN T	INGTOTOTOO OIL OTTOODMI	onte narai				. one uy		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1) Influent and effluent BOD tests for 11/21 & 22/05 & influent BOD test for 11/26/05 were run, but results were invalid due to lab error.

PERMITTEE NAME/ADDRESS:

## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved OMB No. 2040-0004

ANCHORAGE, MUNICIPALITY OF

3000 ARCTIC BLVD.

**ANCHORAGE** 

AK 99503

DISCHARGE MONITORING REPORT (DMR) AK0022551 PERMIT NUMBER

001 A DISCHARGE NUMBER

MAJOR (SUBR 02) `F - FINAL

FACILITY-

ADDRESS:

NAME:

JOHN M. ASPLUND WWTF----301 (H)

LOCATION: ANCHORAGE, AK 99502 MARK PREMO P.E. GEN MGR. AWWU ATTN:

MONITORING PERIOD 05 | 11 | 01 05 | 11 | 30 FROM TO

\*\*\* NO DISCHARGE NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			-		NO.	FREQUENCY OF	SAMPLE				
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT	EX	ANALYSIS	TYPE		
РН	SAMPLE MEASUREMENT	*****	*****	****	6.9	*****	7.3	(12)	0	FOUR/ WEEK	GRAB		
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	on and high by a condition of the condit		***	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		FOUR/ WEEK	GRAB		
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	46187	*****	(26)	*****	209	*****	(19)	N/A	FOUR/ WEEK	COMP24		
00530 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG		LBS/DAY	*****	REPORT MO AVG	*****	MG/L		FOUR/ WEEK	COMP24		
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	15054	(26)	*****	*****	74	(19)	0	_WEEK	COMP24		
00530 W 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	an construents (A) (a) es A const <u>enses (A)</u> (a) a	57000 DAILY MX	LBS/DAY	****** (*9#:	*****	190 DAILY MX	MG/L		FOUR/ WEEK	COMP24		
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	11235	12002	(26)	*****	51	57	(19)	0	WEEK	COMP24		
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT: REQUIREMENT	5/1000 MO AVG	54000 WKLY AVG	LBS/DAY	*****	170 MO AVG	180 WKLY AVG	MG/L		FOUR/ WEEK	COMP24		
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*** <del>*</del> *	*****	***	*****	20.8	*****	(19)	N/A	MONTH	COMP24		
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	**************************************	energent och bleden Triber <del>enser</del> Britis	***	*****	REPORT MO AVG	*****	MG/L	N/A	ONCE/ MONTH	COMP24		
FECAL COLIFORM, MPN, EC MED, 44.5C	SAMPLE MEASUREMENT	*****	*****	****	*****	27	****	(30)	0	THREE/ WEEK 1)	GRAB		
31615 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT				VE-PH	850 MO GEO	*****	MPN/ 100ML		THREE! WEEK	GRAB		
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	26.979	IOH DE	(03)		*****	****	***	N/A	CONTIN UOUS	RCORDR		
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MO AVG		MGD	<b>65</b>	*****	*****	***		UOUS:	RCORDR		
I CERTIFYUNDER FENALTY OF LAW THAT I HAVE FREEDON ALL STRAND LAR WITH THE M. Spano For Kn's									TELEPHONE DAT		TE		
J. Kris Warren  RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED DEPONDENT FOR STREET  ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING.													
Manager, Treatment D	ivision FALS	E INFORMATION, INCLUDING T 33 U.S.C. §1319. (Penalties under	THE POSSIBILITY OF FINE AND these statutes may include fines up to	IMPRISONMENT.	EE 18 U.S.C. §1001 SIGNATURE OF PRINCIPAL EXECUTIVE			(907)564-2799		05/12/08			
TYPED OR PRINTED		en 6 months and 5 years.)				OFFICER OR AUTHO		AREA CODE N					
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)													

<sup>1)</sup> Two tests for week of 11/1/05 were invalid due to lab error. Four extra FC tests were run later in month.

PERMITTEE NAME/ADDRESS:

## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

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ANCHORAGE, MUNICIPALITY OF

3000 ARCTIC BLVD.

**ANCHORAGE** 

AK 99503

AK0022551 PERMIT NUMBER

001 A DISCHARGE NUMBER

MAJOR (SUBR 02) F - FINAL

FACILITY:

ADDRESS:

NAME:

ATTN:

JOHN M. ASPLUND WWTF----301 (H)

LOCATION: ANCHORAGE, AK 99502

MARK PREMO PE GEN MGR AWWII

MONITORING PERIOD \*\*\* NO DISCHARGE 05 | 11 | 01 то 05 | 11 | 30 FROM NOTE: Read instructions before completing this form.

ATTN: WARK PREMO	P.E. GEN MG	R. AVVVVU					NOTE: Read Inst	ructions ber	ore cor	npieung mis	5 IOIIII.	
PARAMETER		QUAN	ITITY OR LOADING				NO.	FREQUENCY OF	SAMPLE			
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT	EX	ANALYSIS	TYPE	
CHLORINE, TOTAL	SAMPLE MEASUREMEN	*****	*****	****	*****	*****	1.2	(19)	0	EVERY	GRAB	
RESIDUAL 50060 1 0 0	PERMIT					*****	1.2			3 HRS 17 EVERY	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT	treet.	and the state of t	****	*****		DAILY MX	MG/L		4 HRS	GRAB	
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMEN	T *****	****	****	35	*****	*****	(23)	N/A	ONCE/ MONTH	CALCTD	
81010 K 0 0	PERMIT				REFORT		****	PER-	N/A	ONCE/	CALCTD	
PERCENT REMOVAL	REQUIREMENT		*****	****	MO AVG			CENT	111/63	MONTH		
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMEN	т *****	*****	****	76	*****	*****	(23)	N/A	ONCE/ MONTH	CALCTD	
81011 K 0 0 PERCENT REMOVAL	PERMIT: REQUIREMENT	<del>/////*</del>	*****	***	REPORT MO AVG	*****	****	PER- CENT	N/A	ONCE/ MONTH	CALCTD	
	Section and first decides beatly advantage and section		egentaristipus of statistical mesonal process (complex plays) as also									
	and the second s				Section (Control of Control of Co	and the state of t	populativa essa popula i constante est apesenti constante est					
			. <u>[a]</u>	ECE	ĪWEM							
				DEC 1	4 2005							
NAME / TITLE PRINCIPAL EXECUTI	ERTIFYUNDER PENALTY OF LAW FORMATION SUBMITTED HEREIN:	THAT I HAVE PERSONALLYEX AND BASED ON MY INOURY O	AMINED AND AM	FAMILIAR WITH THE MISSIMMEDIASELY MISSIMMEDIASELY	Sano for	Kris	TELEPH	ONE	DA	TE		
J. Kris Warren		SPONSIBLE FOR OBTAINING THE CURATE AND COMPLETE. I AM A	INCOMMENDIN, A DECIDE OF THE	SORBRET FED HALC	MONATION IS TRUE,	Walter C			_			
Manager, Treatment Division		LSE INFORMATION, INCLUDING T ID 33 U.S.C. §1319. (Penalties under t	HE POSSIBILITY OF FINE AND	IMPRISONMENT.	SEE 18 U.S.C. §1001	SIGNATURE OF PRINCIPAL EXECUTIVE			(907)564-2799		05/12/08	
TYPED OR PRINTED		ween 6 months and 5 years.)			. <b>L</b>			AREA CODE NUMBER YEAR MO DA				
COMMENT AND EXPLANATION OF A	OMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											

1) 11/27/05 - one required chlorine test was missed. Permit requires test every 4 hours; there was a gap of 5.75 hours between tests. Whole Effluent Toxicity Test Report enclosed.

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